



# DEPARTMENT OF PUBLIC SOCIAL SERVICES

## ADMINISTRATIVE DIRECTIVE

Number: 4458

Date: September 24, 2003

**SUBJECT:** IMPOSITION OF INTENTIONAL PROGRAM VIOLATION (IPV)  
PENALTIES – CalWORKs AND FOOD STAMPS

**REFERENCE:**

**CANCELS:** Administrative Directive 4037 Dated 6/15/00

**CANCEL DATE:**

**FILE IN:**

**Special Attention:**

[X] CalWORKs  
[X] Food Stamps  
[X] Welfare Fraud

Report Required: [ ] Yes [X] No  
Survey required: [ ] Yes [X] No

**I. Purpose/Background:**

This directive provides guidelines for posting and imposing CalWORKs and Food Stamps Intentional Program Violation (IPV) penalties on LEADER. Effective January 1, 1998, with the implementation of the CalWORKs program in Los Angeles County, a new method of penalizing rather than sanctioning individuals who fail to cooperate with certain program requirements was adopted.

**II. Policy:**

As of July 1, 1998, this new method shall also be used to disqualify individuals who are convicted of an IPV regardless of when the IPV was committed. This new method requires that the individual remain in the AU and all of his/her income be counted; however, his/her needs will not be considered in the "Family" Maximum Aid Payment (MAP) or AU MAP when determining the AU's financial eligibility and grant levels.

An applicant/participant is subject to the new fraud penalty time frames when that individual commits a CalWORKs and/or Food Stamp IPV and a determination is made by a state or federal court including any determination made on the basis of a plea of guilty or nolo contendere. This means a fraud determination based on a court conviction.

## II. Policy: (Continued)

### A. Overpayment Amounts Under \$5,000:

For participants convicted in court of violating Welfare and Institutions Code (WIC) 10980, "Receipt of Aid by Misrepresentation," the following penalties are to be applied, if any portion of the fraud period is on or after January 1, 1998 and the individual cash and food stamp overpayment amounts are below \$5,000:

#### CalWORKs

#### Term of Penalty

First Instance:

Six (6) months

Second Instance:

Twelve (12) months

Third Instance:

Permanent

#### Food Stamps

#### Term of Penalty

First Instance:

Twelve (12) months

Second Instance:

Twenty-four (24) months

Third Instance:

Permanent

### B. Overpayment Amounts of \$5,000 or More:

For participants convicted in court of violating Welfare and Institutions Code (WIC) 10980, "Receipt of Aid by Misrepresentation," the following penalties are to be applied, if any portion of the fraud period is on or after January 1, 1998 and the individual cash and food stamp overpayment amounts are above \$5,000:

#### CalWORKs

#### Term of Penalty

First Instance:

Permanent

Second Instance:

Permanent

Third Instance:

Permanent

#### Food Stamps

#### Term of Penalty

First Instance:

Twelve (12) months

Second Instance:

Twenty-four (24) months

Third Instance:

Permanent

A. **Welfare Fraud Investigator:**

Following the court conviction of a current or former participant for welfare fraud, the Criminal Court Building (CCB) investigator is to initiate imposition of IPV penalties using the following guidelines:

1. **Closed Cases:**

- A) Receives Court Case Disposition (Attachment I) document for the convicted participant;
- B) Inputs Court Case Disposition information to LEADER Sanction Information Screen in the Data Collection Subsystem. A separate record must be completed for each aid program:

i) If the individual program overpayment is less than \$5,000, scroll down and highlight the following "Reason" fields of the sanction Information Screen:

(a) For the CalWORKs Penalty, enter "Made false, misleading statement or misrepresentation, concealing or withholding."

(b) For the Food Stamps Penalty, enter, "IPV Court Decision."

Reminder: Sanction Information Screen must be completed for each program to which the IPV applies (excluding Medi-Cal).

ii) If the individual program overpayment is \$5,000 or more, scroll down and highlight the following "Reason" fields of the Sanction Information Screen:

(a) For the CalWORKs Penalty, enter "Convicted of a felony and the theft of \$5,000 or more."

(b) For the Food Stamps Penalty, "IPV Court Decision."

Reminder: Sanction Information Screen must be completed for each program to which the IPV applies (not including Medi-Cal).



III. Procedures: (Continued)

A. **Welfare Fraud Investigator:** (Continued)

1. **Closed Cases:** (Continued)

- iii) Input the appropriate sanction/penalty instance (1<sup>st</sup>, 2<sup>nd</sup>, etc.).
- iv) Input to the fields as appropriate (See Attachment II). Leave the following fields blank:
  - Valid to;
  - End date;

C) Reviews the LEADER Sanction Information Screen for completeness;

Note: Do not run SFU/EDBC.

D) Updates LEADER Case Comments to document posting of IPV information.

E) Completes IPV Notification Memo (Attachment III) and copy of Court Case Disposition Document to WFP&I Deputy for signature.

F) Updates CCB IPV Sanction Log.

2. **Active Cases:**

A) Receives Court Case Disposition (Attachment I) document for convicted participant;

B) Inputs Court Case Disposition information to LEADER Sanction Information Screen in the Data Collection Subsystem. A separate record must be completed for each aid program:

- i) If the individual overpayment is less than \$5,000 in the "Reason" field of the sanction Information Screen scroll down and highlight:

- (a) For the CalWORKs Penalty, enter "Made false, misleading statement or misrepresentation, concealing or withholding."

III. Procedures: (Continued)  
A. **Welfare Fraud Investigator:** (Continued)

2. **Active Cases:** (Continued)

- (b) For the Food Stamps Penalty, enter, "IPV Court Decision."

Reminder: Sanction Information Screen must be completed for each program to which the IPV applies (not including Medi-Cal).

- ii) If the individual overpayment is \$5,000 or more, in the "Reason" field of the Sanction Information Screen scroll down and highlight:

- (a) For the CalWORKs Penalty, enter "Convicted of a felony and the theft is for \$5,000 or more."

- (b) For the Food Stamps Penalty, enter, "IPV Court Decision."

Reminder: Sanction Information Screen must be completed for each program to which the IPV applies (not including Medi-Cal).

- iii) Input to appropriate sanction/penalty instance.
- iv) Input to the fields as appropriate (See Attachment II). Leave the following fields blank:

- Valid to;
- End date;

Note: The Start Date must always be the 1<sup>st</sup> of the month. And should always be at least 30 days in the future.

- B) Reviews LEADER Sanction Information Screen for completeness;

- C) Right clicks on the mouse to save the information;

Pop-up screen will ask, "Do you want to run SFU/EDBC overnight?"

- D) Clicks "No." Do not run EDBC.

- E) Reviews LEADER Sanction Information Screen for completeness;

III. **Procedures:** (Continued)

A. **Welfare Fraud Investigator:** (Continued)

2. **Active Cases:** (Continued)

- F) Updates LEADER Case Comments to document posting of IPV information.
- G) Completes IPV Notification Memo (Attachment III.2) to appropriate office head;
- H) Forwards IPV Notification Memo and copy of Court Case Disposition Document to WFP&I Deputy for signature.
- I) Updates CCB IPV Sanction Log.

B. **WFP&I Deputy:**

1. **Closed Cases:**

- A) Receives and reviews IPV Notification Memo and Court Case Disposition Document;
- B) Reviews and ensures LEADER Sanction Information Screen for each program is complete.

2. **Active Cases:**

- A) Receives and reviews IPV Notification Memo and Court Case Disposition Document;
- B) Reviews and ensures LEADER Sanction Information Screen for each program is complete;
- C) Signs and forwards IPV Notification Memo to District Fraud Liaison;
- D) Maintains copy of IPV Notification Memo for records;
- E) Forwards copy of signed IPV Notification Memo to CCB;
- F) After five days, reviews the LEADER "Authorization Final Disposition" screen to ensure the sanction/penalty has been applied.



III. Procedures: (Continued)

C. **District Fraud Liaison:**

1. **Closed Cases:**

- A) Receives IPV Notification Memo from WFP&I Deputy;
- B) Reviews and ensures LEADER Sanction Information Screen is complete;
- C) Copies the IPV Notification Memo and maintains one copy for district records and forwards copy to historical case record.

2. **Active Cases:**

- A) Receives IPV Notification Memo from WFP&I Deputy;
- B) Reviews and ensures LEADER Sanction Information Screen is complete;
- C) Instructs the EW to authorize the case on LEADER;
- D) Forwards copy of signed IPV Notification Memo to the appropriate district office head or designee.

D) **District Appeals Liaison:**

1. **Active Cases:**

- A) Receives and reviews IPV Notification Memo;
- B) Reviews and ensures LEADER sanction Information Screen is complete for each program;
- C) Runs SFU/EDBC and Authorizes the case on LEADER;
- D) Reviews Client Correspondence to ensure proper NOA's are generated;
- E) Completes case comments;
- F) Forwards a copy of the IPV Memo to the Case-Carrying Eligibility Worker to file in case record;
- G) Maintains copy of IPV Notification Memo for records.

III. **Procedures:** (Continued)

E) **District Office Head or Designee:**

1. Receives IPV Notification Memo from the District's Fraud Liaison;
2. Maintains control of IPV Notifications;
3. Instructs Appeals Liaison to authorize the case on LEADER.

F) **Intake EW:**

For every new application, the Intake EW will:

1. Review the LEADER Special Indicator for an IPV;
2. If the Special Indicator does not show an IPV;
  - Process the application as normal;
3. If the Special Indicator shows an IPV:
  - Copy Special Indicator Screen and forward a copy to the District Fraud Liaison. The Fraud Liaison will contact WFP&I to impose the sanction/penalty as instructed in Part III Procedures: A. Welfare Fraud Investigator.

G) **Inter County Transfer EW:**

CalWORKs participants who have been disqualified in another county and who have moved to Los Angeles County prior to the completion of the disqualification period, shall have the disqualification period applied in Los Angeles County.

When an ICT IPV is received, the ICT worker is to contact the District Fraud Liaison. The Fraud Liaison will contact WFP&I to impose the sanction/penalty as instructed in Part III Procedures: A. Welfare Fraud Investigator.

**Note:** When transferring a case to another county, the ICT worker must inform the receiving county, via the CA 215, if there is an IPV individual in the AU.



III. **Procedures:** (Continued)

H) **Treatment of Persons Subject to Fraud Penalties:**

The needs of the individual found to have committed a CalWORKs IPV are not considered when computing the cash aid payment for the AU. This means that the person responsible for the IPV remains in the AU and his/her income is counted; however, his/her needs are not considered in the AU's MAP or the Family MAP. As an AU member, the individual will continue to receive cash-linked Medi-Cal, is required to participate in welfare-to-work activities unless exempt, and will have time on aid counted toward the 60-month time limit.

All income of the penalized person will be used in the AU's eligibility and grant determination, and all appropriate income disregards shall be allowed.

The needs of the penalized person shall be restored the first of the month following the end of the penalty period. No new application is required since the person has remained an AU member throughout the penalty period. Penalized individuals **are not** subject to voucher/vendor payments.

Note: For purposes of imposing the Food Stamp penalties, the court's ruling in the Garcia court case applies; i.e., the penalty period is effective the first of the month following the month in which a timely notice was sent to the participant.

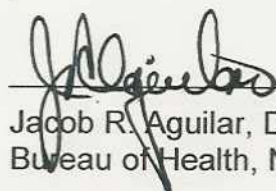
I) **Completion of the FNS 524-LA:**

The Fair Hearing (FH) EW shall complete the FNS 524-LA (Attachment IV) Disqualified Recipient Report, in triplicate, file a copy in the case record and forward the original and one copy to the Deputy District Director (DDD) via the Eligibility Supervisor (ES) at the time the budget action is taken. (Completion instructions can be found on the reverse of the FNS 524-LA).

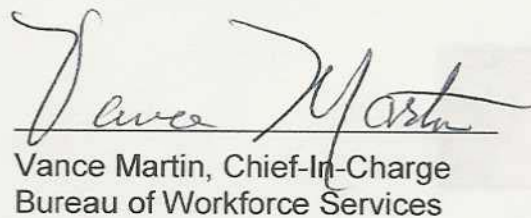
The DDD is responsible for ensuring the original FNS 524-LA is sent to:

California Department of Social Services  
Fraud Program Management Bureau  
744 P Street, M.S. 19-26  
Sacramento, California 95814

Questions regarding this directive may be addressed to the District Fraud Liaison. District Fraud Liaisons who have questions may call the WFP&I Program Section.



Jacob R. Aguilar, Director  
Bureau of Health, Nutrition & Community Services



Vance Martin, Chief-In-Charge  
Bureau of Workforce Services

Approval:

BHNCS ☒

BWS ☒

BPPRE ☒

BAS ☒

JRA/VM:SC:le

**COURT CASE DISPOSITION**

<b>TO:</b>	<b>FROM:</b>																								
<b>WFI:</b>	<b>Unit Number:</b>  <b>File Number:</b>																								
<b>CASE INFORMATION</b>																									
Defendant(s) Name(s):																									
DPSS Case Number:																									
BA Number:																									
Case Dismissed On:																									
<b>SENTENCING INFORMATION</b>																									
The above named defendant(s) was/were convicted on:																									
The above named defendant(s) was/were sentenced on:																									
<p>The above named Defendant(s) was/were sentenced to the following:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;">Months/years State prison time</td> </tr> <tr> <td></td> <td>Days/months county jail time</td> </tr> <tr> <td></td> <td>Years of formal probation</td> </tr> <tr> <td></td> <td>Hours of community service</td> </tr> <tr> <td>\$</td> <td>Restitution fine</td> </tr> <tr> <td>\$</td> <td>Total original overpayment/overissuance</td> </tr> <tr> <td>\$</td> <td>Total Restitution ordered</td> </tr> <tr> <td></td> <td> <table border="1" style="margin-left: 100px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 90%;">CalWORKs/AFDC</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Food Stamps</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>General Relief</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Medi-Cal</td> </tr> </table> </td> </tr> </table>			Months/years State prison time		Days/months county jail time		Years of formal probation		Hours of community service	\$	Restitution fine	\$	Total original overpayment/overissuance	\$	Total Restitution ordered		<table border="1" style="margin-left: 100px; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 90%;">CalWORKs/AFDC</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Food Stamps</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>General Relief</td> </tr> <tr> <td style="text-align: center;">\$</td> <td>Medi-Cal</td> </tr> </table>	\$	CalWORKs/AFDC	\$	Food Stamps	\$	General Relief	\$	Medi-Cal
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Department/Division: _____	Deputy DA _____																								
Completed By: _____	Date: _____																								



DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF HEALTH, NUTRITION & COMMUNITY SERVICES



September 24, 2003

**CONFIDENTIAL**

**TO:** John Doe, District Director

**FROM:** Luther Evans, Director  
Welfare Fraud Prevention & Investigations Section

**SUBJECT: INTENTIONAL PROGRAM VIOLATION (IPV) NOTIFICATION - NAME**

Reference: Administrative Directive 4458, date, September 24, 2003

This is to inform you that \_\_\_\_\_ was convicted in court on \_\_\_\_\_, 2003 of welfare fraud.

As a result, Welfare Fraud Prevention & Investigations (WFP&I) Section has updated the IPV sanction information on LEADER.

The case is currently closed, but the LEADER Sanction Information Screen has been updated to show an Intentional Program Violation (IPV) Penalty. If the participant reapplies for assistance, the eligibility worker should check the LEADER Special Indicator and review the Sanction Information Screen and ensure the penalty is appropriately imposed.

Please file a copy of this document in the case record. Please let me know if you need any additional information.

LE:le

DEPARTMENT OF PUBLIC SOCIAL SERVICES

BUREAU OF HEALTH, NUTRITION & COMMUNITY SERVICES



September 24, 2003

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**FROM:** Luther Evans, Director  
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As a result, Welfare Fraud Prevention & Investigations (WFP&I) Section has updated the IPV sanction information on LEADER.

The case is currently open and the LEADER Sanction Information Screen has been updated to show an Intentional Program Violation (IPV) Penalty. Please review the information on LEADER and have your staff "Authorize" the case on LEADER. As timely notification is required, please pay particular attention to the "Start Date" on the LEADER Sanction Information Screen.

The penalty will not take effect until the case is Authorized.

Please file a copy of this document in the case record. Please let me know if you need any additional information.

LE:le





**DISQUALIFIED RECIPIENT REPORT**

SEE INSTRUCTIONS ON REVERSE SIDE

<b>1. STATE CODE</b>  <div style="text-align: center;">06</div>	<b>2. COUNTY FIPS CODE</b>  <div style="text-align: center;">037</div>	<b>3. ACTIVITY CODE</b> <div style="text-align: right;"> <input type="checkbox"/> 1 = ADD  <input type="checkbox"/> 2 = REVISION  <input type="checkbox"/> 3 = DELETE  <input type="checkbox"/> 4 = KEY CHANGE         </div>
<b>4. NAME OF DISQUALIFIED INDIVIDUAL (Print letters)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>A. LAST NAME</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 35%;"> <b>B. FIRST NAME</b> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 5%;"> <b>C. MIDDLE INITIAL</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> </div> </div> <div style="margin-top: 5px;"> <b>D. KNOWN TO USE ALIAS</b> <input type="checkbox"/> <b>CHECK IF YES</b> </div>		
<b>5. SOCIAL SECURITY NUMBER</b>  <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></div> - <div style="border: 1px solid black; display: inline-block; width: 60px; height: 1.2em; vertical-align: middle;"></div>	<b>6. DATE OF BIRTH</b> <div style="text-align: center;">M M D D Y Y Y Y</div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div>	<b>7. SEX CODE</b>  <div style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></div> "M" or "F"
<b>8. COUNTY NUMBER/CASE NAME (Do not include aid prefix or check digit)</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>19-</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> </div> <div style="width: 35%;"> <b>LAST NAME</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> </div> </div> <div style="margin-top: 5px;"> <b>FIRST NAME</b> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span> <b>M.I.</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 1.2em; vertical-align: middle;"></span> </div>		<b>9. PROGRAM CODE</b> (Check only one)  <input type="checkbox"/> F.S. <input type="checkbox"/> AFDC
<b>10. DISQUALIFICATION OFFENSE</b> <input type="checkbox"/> 1. FIRST OFFENSE <input type="checkbox"/> 2. SECOND OFFENSE <input type="checkbox"/> 3. THIRD OFFENSE	<b>11. LENGTH OF DISQUALIFICATION</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input type="checkbox"/> 06 = 6 Months  <input type="checkbox"/> 12 = 12 Months  <input type="checkbox"/> 99 = Permanent              Other = Enter no. of months           </div> <div style="width: 60%;"></div> </div>	
<b>12. EFFECTIVE DATE OF DISQUALIFICATION</b> <div style="text-align: center;">M M D D Y Y Y Y</div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div>	<b>13. DATE DISQUALIFICATION RENDERED</b> <div style="text-align: center;">M M D D Y Y Y Y</div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></div>	
<b>14. PREPARED BY: (Please print)</b> _____ <b>Date</b> _____ <b>District #</b> _____ <b>Name</b> _____ <b>Title</b> _____ <b>File #</b> _____ <b>Address</b> _____ <b>Phone No. ( )</b> _____		
<p>Form must be submitted no later than 30 days after the disqualification took effect, or would have taken effect for a currently ineligible individual whose disqualification is pending future eligibility.</p> <b>15. DISTRIBUTION OF COPIES - Send original to:</b> <div style="margin-left: 40px;">             California Department of Social Services              Fraud Program Management Bureau              744 P Street, M.S. 19-26              Sacramento, California 95814           </div>		

FNS 524 LA

 File copy in the Food Stamp Financial Folder, following micrographics procedures.  
 Retention: Permanent

Be sure to complete all items on the form. All dates must be entered in the order of the month, day and year. For example: March 4, 1993 should be written as "03/04/93." Numbers refer to Sections on the front of this Form. Sections 1 through 8 are mandatory on all documents.

1. Preprinted with required information.

2. Preprinted with required information.

3. **ACTIVITY CODE** - Enter the appropriate code for the function being performed by the report:

1 = **ADD** - Use this code to add a new disqualified individual not previously listed in the national computerized disqualification reporting network.

2 = **REVISION** - Use this code to change an item on an existing report for a disqualified individual; for example, when an individual reenters the program, you can change a pending code in item 8 to the date the disqualification period started.

3 = **DELETE** - Use this code to delete an existing report for a disqualified individual; no limited to the following examples, when a court has reversed the decision on the case or the wrong SSN was used to establish an individual on the file.

**NOTE: When deleting a record ALL fields must be completed to match exactly the record to be deleted.**

4 = **KEY Change** - Reserved for future use.

4. **NAME** - item 7A, 7B and 7C insert ONLY letters and numbers - NO periods, commas, dashes, etc. Leave one space between last name and title (Such as Jr.).

7D - Check this box if the individual being reported is known to use assumed names.

5. through 7. as indicated.

8. **COUNTY NUMBER/CASE NAME** -

- County Code = Two digits preprinted
- Case Number = Seven digits
- Separate Family Code = One digit
- Case Name = Enter last name, first name and middle initial.

9. **PROGRAM CODE** - check only one program per document.

10. Enter as appropriate.

11. **LENGTH OF DISQUALIFICATION** - Enter the number of months using two digits, for example 06 = 6 months. There may be situations where other than the standard 06, 12 or 99 will be entered.

12. **EFFECTIVE DATE OF DISQUALIFICATION** - Enter the date the disqualification started. If the disqualification has not started enter all 9's.

13. **DATE DISQUALIFICATION WAS RENDERED** - Enter the month, day and year of:

- the disqualification decision, or
- the date the client signed the WFP&I Disqualification Consent Agreement, or
- the date the client signed the ASH Waivers of Right to an Administrative Disqualification Hearing (WRADH).

14. **PREPARED BY** - Enter as appropriate.

15. **DISTRIBUTION OF COPIES** - Send original to the address indicated and file a copy in the Food Stamp Financial Folder.